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Editorial for August 2014 issue of The Clinical Teacher
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As with clinical practice, it is often said that teaching is as much art as it is science. Gilbert Highet, a renowned mid-20th-century classicist and academic, went further in writing, "It seems to me very dangerous to apply the aims and methods of science to human beings as individuals… Teaching involves emotions, which cannot be systematically appraised and employed, and human values, which are quite outside the grasp of science".[1] In the same book, he described a long list of 'great teachers and their pupils', including Socrates, Jesus, and the American intellectual and educational reformer, John Dewey. Others have argued that teaching is an art because, at it's best, it is an aesthetic performance which is creative and original, contingent on the situation, and based on the personal expression and judgement of gifted individuals.[2] This conception of teaching is very appealing, and will no-doubt resonate with the best experiences of many clinical teachers, but I suspect few would claim that all (if any) their teaching reaches that standard. Just as we can't all draw like Michelangelo, write like Shakespeare, or sing like Bob Marley, unfortunately we can't all be the sort of great teachers Highet would have added to his list. When we reflect on what makes great artists great, it typically seems to be a combination of natural talent, together with great technical skill and experience resulting from extensive deliberate practice.[3] Creating an original aesthetic performance also takes considerable time, energy and preparation however, and so it would be difficult for even a great artist or teacher to maintain such a high standard all the time. And yet the ideal seems to be worth striving for, as there is something really inspiring about seeing a great artwork or an aesthetic performance, and there is something really liberating about being able to express yourself creatively. There is also something really valuable about teaching responsively to the needs of your learners, contingent on the situation and available learning opportunities.

In this issue, Murphy describes training workshops designed to take clinical educators out of their comfort zone and remind them how it feels to be a student.[4] Hawkins and colleagues describe a scheme in which final year medical students are mentored by junior doctors, which seems to have both academic and pastoral benefits.[5] These interesting examples can help us reflect on why sometimes the most effective clinical teachers are not necessarily the ones with the most knowledge or experience, but rather the ones who are best able to understand and relate to their learners. Barrett and Scott also highlight that a lack of understanding between teachers and learners, or between teachers and curriculum developers and managers, can lead to a mismatch in expectations, frustration, reduced engagement and, ultimately, reduced educational outcomes.[6] It seems essential that good clinical teachers can relate to others, but

this is not something that happens automatically, and indeed may require considerable effort and skill to achieve.

Clinicians in training must also learn to relate to patients. They need to listen and understand, empathise, and be aware of their own emotional responses and potential weaknesses. These things can be much more difficult to learn than factual information or practical procedures, but clinical teachers are also responsible for helping their students and trainees achieve this. The question is: how? Powley and Higson's guide on the arts in medical education offers many suggestions as to how clinical teaching can be enhanced using literature, poetry, music, images, film, drama and the world around us.[7] For those keen to use such resources but not sure where to start, they offer excellent examples and suggestions, and a generic session plan for teaching with an arts resource. This proposes the teacher clarifies what they are trying to achieve; identifies an appropriate resource; designs an exercise to help learners experience the desired ideas or feelings; chooses a setting and approach which will promote engagement; facilitates participant responses to the resource and dialogue, which may be emotionally-charged; and helps participants apply what they have learned to their own personal and professional development. Maclean also offer a useful summary on using arts in medical and health professional education, and an extensive list of articles and resources to help teachers get started.[8]

As well as using art as a resource for teaching, some clinical teachers go further in using art as a learning activity – ranging from simple role-play and reflective writing, to photography, poetry and painting. In this issue, Potash and Chen describe workshops, facilitated by an art therapist and family doctor, which encourage medical students to create art and written work based on their experiences of witnessing patient pain and suffering.[9] Some of the resulting art is then displayed in an exhibit, to which other students respond by creating their own art. The exercise seems to have helped both student groups to develop increased self-awareness and empathy, and is likely to have had a wider impact on their teachers and colleagues. Many medical schools ask students to create posters to present their project work, and even the most scientific of these often allow scope for artistic expression. The article by Rowlinson, in this issue, highlights how succinct, eye-catching posters and displays can be educational and well-received by an entire clinical team.[10]

We have considered the art of clinical teaching, arts resources for teaching and learning, and art as a learning activity. Now I would like to return to Powley and Higson's suggestion of enhancing clinical teaching using the world around us. Examples they offer are field trips to places of beauty and art installations, and an exercise to design a better clinical working environment. These sound like excellent experiences, but most clinical teachers are unlikely to have the time and institutional support to do much of this. Thankfully, clinical teachers can encourage their learners, through example and suggestion, to observe and respond to the world around them wherever they happen to be. This issue of *The Clinical Teacher* includes engaging reports from clinicians who teach on ward rounds, in outpatients, ambulatory care, and a delivery suite, to name but a few. Each of these everyday clinical situations are brimming with opportunities

to help learners reflect on the beauty, diversity and awe-inspiring nature of the world around us. The nature of health and illness, the resilience of the human spirit, the devotion of a parent or carer, the impact of a diagnosis, the effects of stress on the body and mind, and the excitement surrounding a new baby. Each of these have been a subject of artistic fascination for centuries, and can be highlighted opportunistically to a student or trainee in a moment. As Van Gogh reminds us, "It isn't the language of painters so much as the language of nature that one should heed… it is more productive and more inspiring".[11]

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